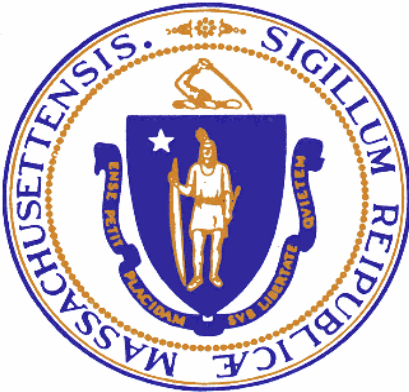


Commonwealth of Massachusetts

Executive Office of Public Safety and Security Statewide Emergency Telecommunications Board



SETB Training Grant Application Package

**Deval L. Patrick
Governor**

**Timothy P. Murray
Lieutenant Governor**

**Kevin M. Burke
Secretary of Public Safety and Security**

**Frank Pozniak
Executive Director**

**1380 Bay Street, Building C
Taunton, MA 02780-1088
Phone (508) 828-2911
Fax (508) 828-2587
www.mass.gov/e911**

I. Introduction

Governor Deval L. Patrick, Lieutenant Governor Timothy P. Murray, the Massachusetts State Legislature, the Statewide Emergency Telecommunications Board (SETB), and Secretary of Public Safety and Security Kevin M. Burke are pleased to announce 2008 funding for the SETB Training Grant Program.

The SETB, a division of the Executive Office of Public Safety and Security, which is responsible for administering this program, is inviting eligible entities to submit applications for grant funds under the SETB Training Grant Program. All information needed to apply is contained in this application package.

II. Purpose

Funding for the SETB Training Grant Program comes from a portion of revenues received pursuant to Sections 18H and 18H1/2 of Chapter 6A of the Massachusetts General Laws. The SETB Training Grant Program's purpose is to reimburse governmental entities hosting Primary Public Safety Answering Points (PSAPs) for training-related costs associated with the 9-1-1 system.

III. Eligibility

All governmental entities hosting PSAPs within the Commonwealth of Massachusetts are eligible to participate in this program. The applicable governmental entities should apply for this funding on behalf of the Primary PSAPs.

Eligible awards are based on a rounded formula of 9-1-1 calls received and population served, with a minimum award of \$5,000. A listing, by governmental entity, of the eligible awards can be found on the SETB website: www.mass.gov/e911.

IV. Use of Funding

Grant funds may be used to reimburse governmental entities for any of the purposes indicated below. All wage reimbursements authorized under this program must be allocated in adherence with current collective bargaining agreements.

- A. **Training** – to defray the cost of SETB course approved training materials, vendor fees, instructor fees, online vendor certifications of SETB approved courses and online vendor recertification's of SETB approved training courses, call handling guide cards and call handling software. Approved SETB course list can be found on the SETB website at www.mass.gov/e911.
- B. **Overtime – Training Participants** – to defray overtime costs incurred as a result of grant-related activities that occur and/or extend beyond regularly assigned tours of duty.
- C. **Overtime – Replacement Costs** – to defray overtime replacement costs required to backfill shift vacancies generated as a result of grant-related activities and, therefore, making personnel unavailable to fulfill regularly scheduled tours of duty.
- D. **Travel – Transportation** – to defray the cost of reasonable transportation for personnel traveling to attend SETB approved training courses. Notwithstanding any labor agreement to the contrary, the SETB will reimburse consistent with policies outlined in the *Rules Governing Paid Leave and Other Benefits for Managers and Confidential Employees* ("Red Book"). A link to that document can be found on the SETB website. For all travel-related policies, please see section 9 of that document. Note that the current maximum mileage reimbursement for personnel utilizing private vehicles is \$.40 cents per mile. Link to "Red Book" can be found at the SETB website www.mass.gov/e911.

E. **Travel – Lodging** – to defray the reasonable cost of lodging for personnel attending grant-related activities that are scheduled for two or more consecutive days and is a minimum of 100 miles away from where travel originates. Requests for lodging reimbursements for travel less than 100 miles must be approved by the Programs Director *prior to travel*. Notwithstanding any labor agreement to the contrary, the SETB will reimburse consistent with the *Rules Governing Paid Leave and Other Benefits for Managers and Confidential Employees* (“Red Book”). A link to that document can be found at the SETB website. For all travel-related policies, please see section 9.

Note: No matching funds are required on the part of the awardee. However, SETB Training Grant Program resources may be used to meet the “hard cash” matching requirement of federal grant programs.

V. Limitations on the Use of SETB Training Grant Funds

Funds for programs and services to be reimbursed through this grant are intended to supplement, *not supplant*, existing budgets. The operating budgets of applicable governmental entities and/or the Primary PSAPs may not be reduced as a result of this funding.

All costs to be reimbursed through the 2008 SETB Training Grant Program must be incurred on or before June 30, 2008.

VI. Application Process

All applications must be signed and submitted by an authorized signatory of the applying governmental entity. Please do not provide any additional pages or supporting materials not specifically requested. Incomplete submissions will not be considered.

Those interested in submitting a proposal must complete the application cover page and budget detail worksheet, as well as both signatory authorization pages.

Note on the Budget Detail Worksheet - Use the worksheet provided to describe the amounts you plan to spend in each category, and to provide explanation of how each item was derived. Total amount on budget worksheet must exactly match requested amount on application page.

EXAMPLES:

CATEGORY	AMOUNT	COMPUTATION
A. Training	\$3,500	Vendor Fee for Suicide Intervention Course
C. Overtime – Replacement Costs	\$180.00	One person for 8 hours at his/her overtime rate

VII. Grant Selection Process

SETB staff will review all applications and make funding recommendations to the Executive Director or his designee. The Acting Executive Director, or his designee, will make the final decisions for awarding SETB Training Grant funds.

Adherence to the conditions detailed within this grant application package and other factors will be considered. These factors include:

- A reasonable, properly completed budget and application; and
- Grantees’ adherence to Recipient Standards and Reporting Requirements.

VIII. Reimbursement Process

Upon completion of the grant review process, SETB will enter into contracts with approved governmental entities. Once the contracts are signed by both parties, the governmental entities can begin incurring costs and seeking reimbursement from SETB. SETB cannot reimburse for costs incurred prior to the full execution of a contract.

Reimbursement requests must be submitted to SETB within 30 days of the costs being incurred. Once the fiscal records are closed, there is no guarantee of reimbursement. Reimbursement requests must include expenditure and activity reports as well as supporting documentation, including but not limited to, copies of receipts and/or payroll records. All SETB Training Grant reporting forms will be made available to participating governmental entities in hard copy form and at www.mass.gov/e911. Reporting forms must be signed and submitted to the SETB by mail. Electronic signatures or fax copies of these reports will not be accepted. Failure to comply with reporting requirements may result in non-reimbursement of funds or suspension of grant award.

Because this is a cost reimbursement grant program, please be sure to notify your Treasurer's Office.

Participating governmental entities must keep file copies of pertinent, granted-related information as required by state and local laws and regulations.

NOTE: All funding is subject to the availability of funds. Participating entities will be notified if a concern develops with regard to the availability of funds.

IX. Submission Requirements

Please submit **one original** of the completed application cover page and budget detail worksheet, as well as the certifications, on or before **5:00 p.m. EST on Friday, December 14, 2007.**

All applications must be mailed or hand-delivered to the address below. No applications will be accepted via fax or email.

Statewide Emergency Telecommunications Board
1380 Bay Street, Building C
Taunton, MA 02780-1088
Attn: SETB Training Grant Program

X. Assistance

For technical assistance, contact Monna Wallace at monna.wallace@state.ma.us

2008 SETB TRAINING GRANT APPLICATION

1. Name of Governmental Entity

Address

Anytown Police Department

555 Main Street

Anytown, MA 01234

Telephone Number

555-222-1234

Fax Number

555-222-2234

Website

anytownpolicedepartment@anytown.com

2. Name of Authorized Signatory

Telephone Number

Chief John Smith

555-222-1234

Fax Number

555-222-2234

Email Address

John.smith@anytown.com

3. Name of Financial Officer / Contract Manager

Telephone Number

Jane Burke

555-222-3423

Fax Number

555-222-4321

Email Address

Jane.burke@anytown.com

4. Total 2008 SETB Training Grant Program funds requested.

\$ 5000

5. Goal and Desired Outcome

Through its submission of this application to the SETB, the governmental entity affirms that the primary goal of the SETB Training Grant Program is to defray the costs of specialized training courses for 9-1-1 Telecommunicators and, by doing so, foster achievement of a standardized level of training.

6. Sign below to acknowledge having read and agreed to the grant conditions and reporting requirements listed in the application packet.

Signed under the penalties of perjury this 20 *day of* December, 2007 .

John Smith

12/20/07

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY
(in blue ink)

DATE SIGNED

2008 SETB TRAINING GRANT APPLICATION

BUDGET WORKSHEET

CATEGORY	AMOUNT	COMPUTATION
A. Vendor training fees/materials	\$ 1000	Vendor fees for 2 Students to attend XYZ EMD course
B. Overtime – Training Participants	\$ 1500	2 dispatchers to attend EMD training at their OT rate
BB. Part-Time / Per Diem Employees – Training Participants	\$ 500	1 part time dispatcher to attend 9-1-1 training at their OT rate
C. Overtime – Replacement Costs	\$	
CC. Part-Time / Per Diem Employees – Replacement Costs	\$ 1800	Replacement for 3 dispatchers to attend 9-1-1 training
D. Travel – Transportation	\$ 200	4 dispatchers to travel to courses 500 miles at .40 a mile
E. Travel – Lodging	\$	
TOTAL*	\$ 5000	

*Total amount must exactly match amount requested on application page

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING



CONTRACTOR LEGAL NAME: N/A

CONTRACTOR VENDOR/CUSTOMER CODE: N/A

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
John Smith	Police Chief

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

Mary Jones Date: 12/15/07
Signature

Title: Mayor Telephone: 555-222-9876

Fax: 555-222-9786 E-mail: mary.jones@anytown.com

[Listing can not be accepted without all of this information completed.]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May
2004



CONTRACTOR LEGAL NAME : N/A
CONTRACTOR VENDOR/CUSTOMER CODE: N/A

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures.

It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): _____ John Smith _____

Title: _____ Chief of Police _____

X _____ *John Smith* _____

Signature as it will appear on contract or other document (**Complete only in presence of notary**):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, _____ James Merchant _____ (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

____ December 15 _____, 20 ____ 07 ____.

My commission expires on: _____ 12/30/09 _____

AFFIX NOTARY SEAL

I, _____ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

_____, 20 ____.

AFFIX CORPORATE SEAL